



STATE OF MARYLAND

# DHMH

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**February 13, 2009**

## **Public Health & Emergency Preparedness Bulletin: # 2009:05** **Reporting for the week ending 02/07/09 (MMWR Week #05)**

### **CURRENT HOMELAND SECURITY THREAT LEVELS**

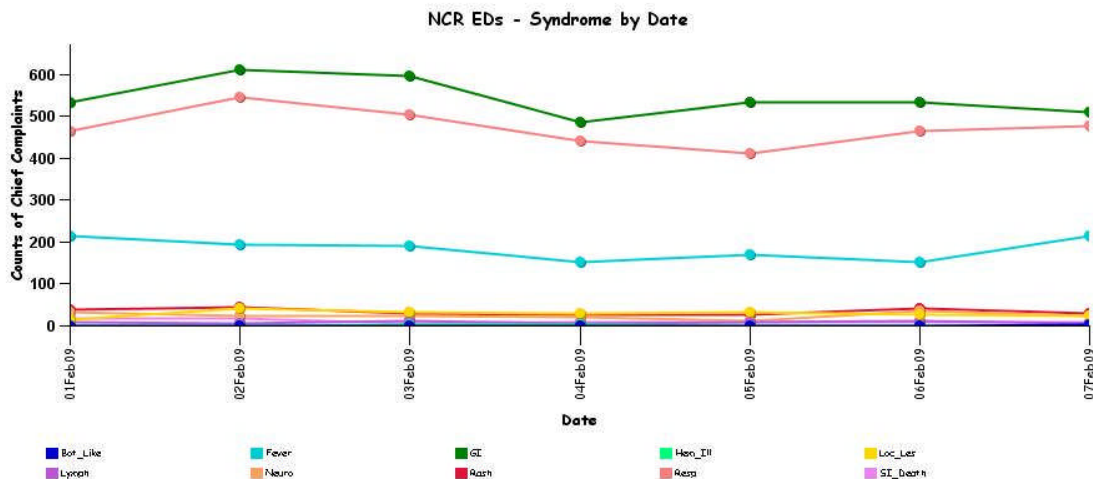
**National:** Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
**Maryland:** Yellow (ELEVATED)

### **SYNDROMIC SURVEILLANCE REPORTS**

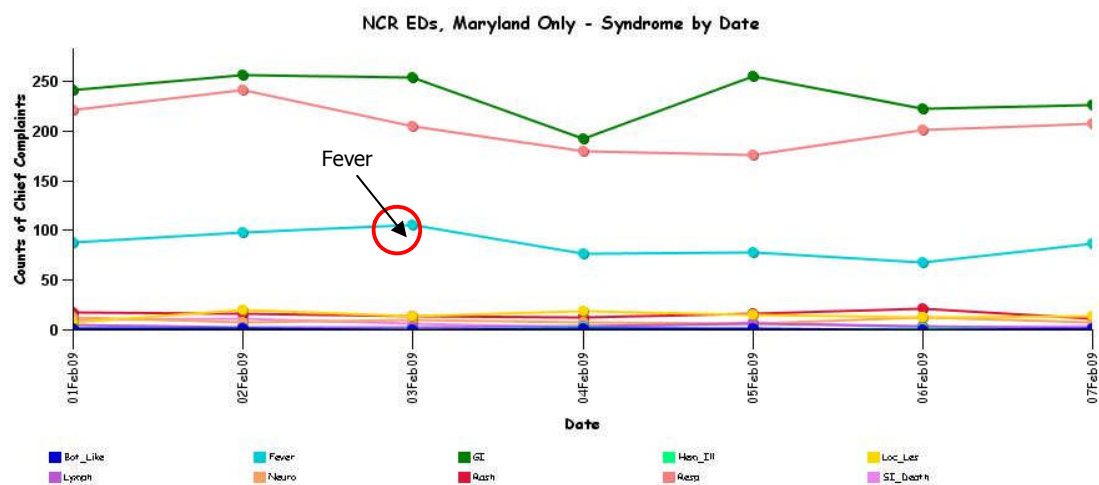
#### **ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

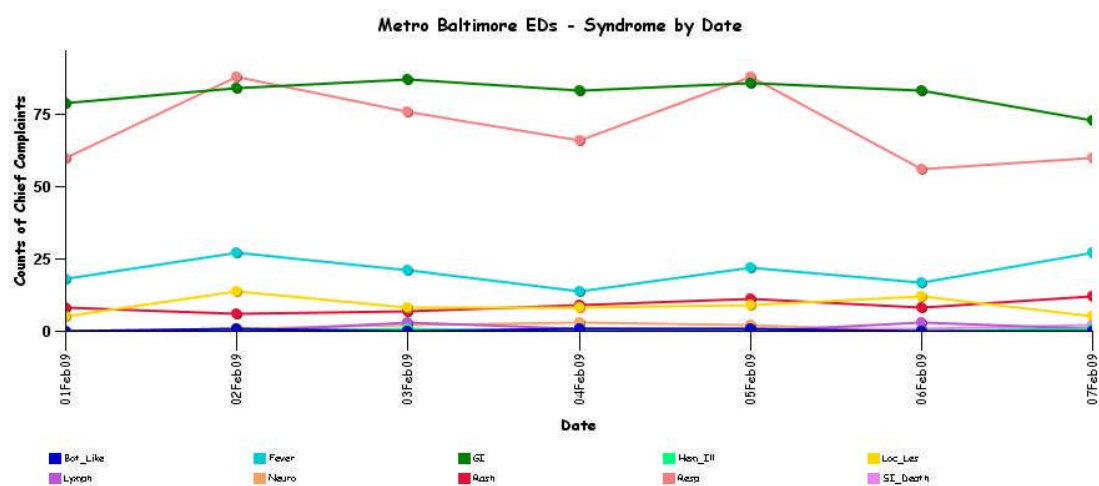
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



\* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system.



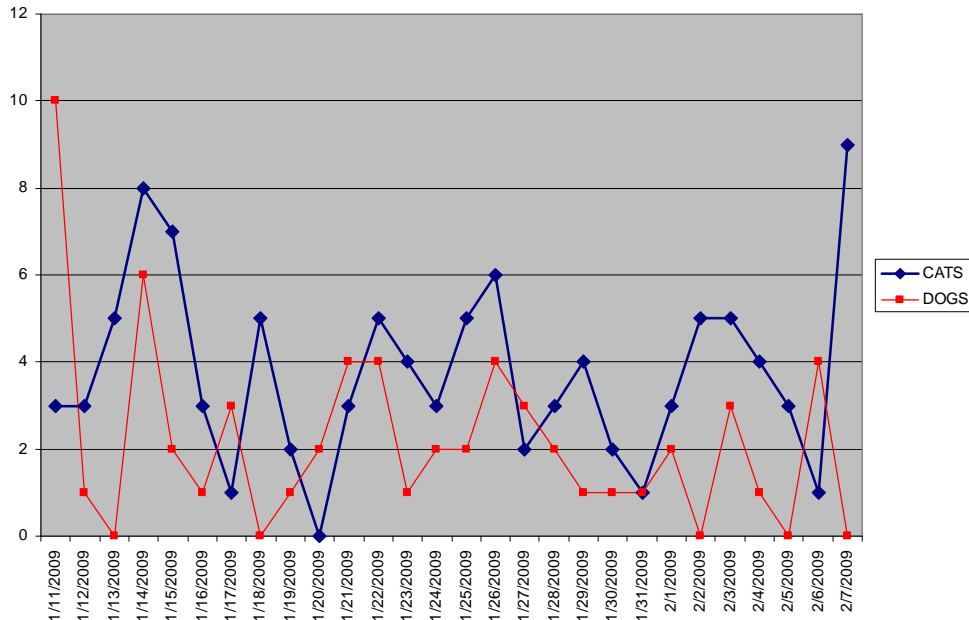
\* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system.



\* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

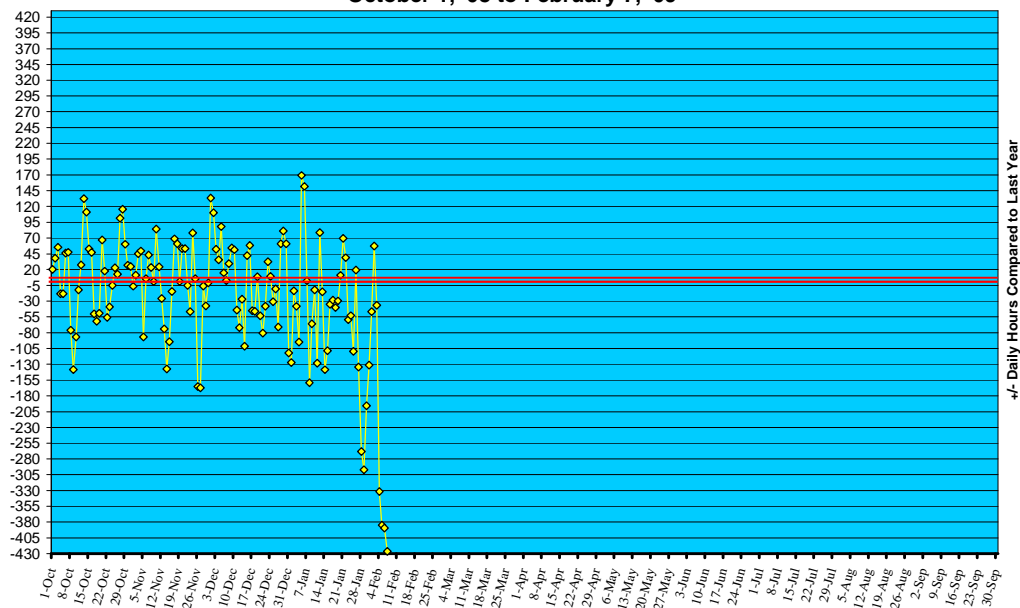
**Dead Animal Pick-Up Calls to 311**



## REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/08.

**Statewide Yellow Alert Comparison  
Daily Historical Deviations  
October 1, '08 to February 7, '09**



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to BT for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in January 2009 did not identify any cases of possible terrorism events.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

<b>Meningitis:</b>	<b><u>Aseptic</u></b>	<b><u>Meningococcal</u></b>
New cases (Feb 01 to Feb 07, 2009):	15	0
Prior week (Jan 25 to Jan 31, 2009):	8	0
Week#5, 2008 (Jan 27 to Feb 02, 2008):	13	0

**OUTBREAKS: 12 outbreaks were reported to DHMH during MMWR Week 5 (Feb.1- Feb. 7, 2009):**

#### **11 Gastroenteritis outbreaks**

5 outbreaks of GASTROENTERITIS associated with Nursing Homes  
6 outbreaks of GASTROENTERITIS associated with Assisted Living Facilities

#### **1 Respiratory illness outbreak**

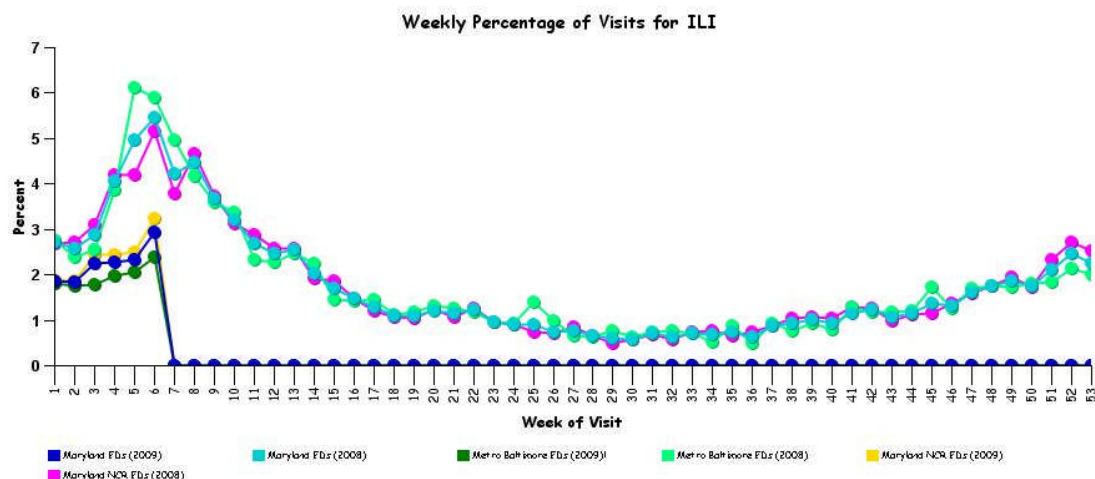
1 outbreak of ILI/PNEUMONIA associated with a Nursing Home

## **MARYLAND SEASONAL FLU STATUS:**

Influenza activity in Maryland for Week 05 is REGIONAL.

## **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:**

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO Pandemic Influenza Phase:** Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

**US Pandemic Influenza Stage:** Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

\*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

**WHO update:** As of February 5, 2009, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 405, of which 254 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

**AVIAN INFLUENZA, HUMAN (Viet Nam):** 07 Feb 2009, A 23-year-old man has tested positive for the deadly H5N1 virus in northern Viet Nam, a state-run newspaper reported on Saturday 7 Feb. The online Lao Dong newspaper quoted health officials as saying the man from Dam Ha district in the northern province of Quang Ninh, about 150 km from Hanoi had fallen ill and tests showed he carried the bird flu virus. The report quoted doctors as saying the man had high fever and severe respiratory problem. Prior to this case, Viet Nam has this year confirmed one case of human infection in the northern province of Thanh Hoa, involving an 8-year-old girl who fell sick after eating duck and chicken raised on her family's farm. She has recovered. On Saturday, the agriculture ministry said bird flu had infected poultry in 3 provinces in the country, Ca Mau and Soc Trang in the south and Nghe An in the central region.

**AVIAN INFLUENZA, LPNAI H5N3 (France):** 05 Feb 2009, The French authorities have recently reported an outbreak of Low Pathogenicity Avian Influenza (LPAI) on a duck breeding farm in Vendee region. The birds were 12 months old and at the end of their moult. Preliminary testing confirmed the virus to be of the H5 type (but not N1), and later identified as H5N3. Disease control measures have been put in place, including a 1 km restriction zone. Sporadic findings of LPAI are not uncommon across the EU. This particular [H5N3] strain in France appeared to have caused about one percent mortality in the affected flock. Infection with LPAI in ducks and geese is generally asymptomatic. However, in this specific case, the ducks may have been more susceptible to infection due to stress associated with moulting. According to TRACES (the EU electronic trade notification system), there have been 24 consignments of live poultry from France to the UK since 1 Jan 2009. One consignment originated from the Vendee region; however, it came from a holding at least 45 km away from the affected premises, and it was for turkeys.

**AVIAN INFLUENZA (China):** 05 Feb 2009, A spokesman for Hong Kong's Agriculture, Fisheries and Conservation Department (AFCD) said Wednesday 4 Feb that the dead goose and 2 dead ducks found in Sha Lo Wan, Lantau Island in Hong Kong last week were confirmed to be H5N1 positive after a series of laboratory tests. AFCD staff collected the carcasses of a goose and a duck on 29 Jan at a beach near Sha Lo Wan football pitch. Another dead duck was found on 31 Jan at the same location. The spokesman said that 2 more dead chickens were collected on the coast opposite Yeung Hau Temple in Tai O, Lantau on Wednesday 4 Feb, adding that preliminary tests for the H5 virus are being arranged. AFCD will continue to closely monitor the situation and investigate into the possible causes of the recent discovery of bird carcasses, said the spokesman. The spokesman said a ban on backyard poultry has been in force since 2006. Unauthorized keeping of 5 kinds of poultry - chickens, ducks, geese, pigeons or quails - is an offense with a maximum fine of 50,000 HK dollars. Repeat offenders are subject to a maximum fine of 100,000 HK dollars.

**AVIAN INFLUENZA, HUMAN (Egypt):** 05 Feb 2009, On Wed 4 Feb the Egyptian Health Ministry confirmed that a 2-year-old baby has been infected with bird flu virus, which brings the number of human cases of bird flu to 54 in the populous country. The baby from the Suez governorate, some 120 km east of Cairo, was admitted to hospital with a high temperature, the state MENA news agency quoted Health Ministry spokesman, Abdul Rahman Shaheen, as saying. The baby contracted the deadly virus after being in contact with infected birds, said Shaheen. This is the 3rd case of human bird flu in Egypt in 2009. On 25 Jan, a 2-year-old baby from the Delta governorate of Al-Minufiyah, some 65 km north of Cairo, was hit by the deadly disease. On 12 Jan, a 21-month-old baby girl from Kerdasa, 6th of October governorate, was infected with the virus. Egypt reported its 1st H5N1 virus in dead poultry in February 2006 and the 1st human case in March of the same year.

**AVIAN INFLUENZA, H5N2, POULTRY (Canada):** 04 Feb 2009, The Canadian Food Inspection Agency [CFIA] says the virus responsible for an outbreak of avian influenza in British Columbia's Fraser Valley is an H5N2 virus. The agency says testing at the National Centre for Foreign Animal Diseases in Winnipeg determined the neuraminidase type or the N in the virus's name. It has been known for nearly 2 weeks that the virus was an H5 virus but it took until Tuesday 3 Feb for the agency to announce testing had determined the N type. The agency says preliminary tests suggest the virus was a low pathogenic type of avian flu. Approximately 60,000 turkeys on the affected farm were euthanized last week and they are being composted in the barn at temperatures that should ensure any viruses are destroyed.

**AVIAN INFLUENZA, HUMAN (China):** 02 Feb 2009, The Ministry of Health in China has announced a new confirmed human case of H5N1 infection. The case is a 21-year-old female from Xupu County, Hunan province. She had onset of symptoms on 23 Jan and remains in hospital in a clinically stable condition. Investigations into the source of her infection indicate possible exposure to sick and dead poultry. Of the 38 cases confirmed to date in China, 25 have been fatal.

## **NATIONAL DISEASE REPORTS:**

**SALMONELLOSIS, SEROTYPE TYPHIMURIUM, PEANUT BUTTER (USA):** 02 Feb 2009, As of 9PM EDT, Sun 1 Feb, 550 persons infected with the outbreak strain of Salmonella Typhimurium have been reported from 43 states. The number of ill persons identified in each state is as follows: Alabama (2), Arizona (11), Arkansas (5), California (69), Colorado (13), Connecticut (9), Georgia (6), Hawaii (3), Idaho (13), Illinois (6), Indiana (6), Iowa (3), Kansas (2), Kentucky (3), Maine (4), Maryland (8), Massachusetts (45), Michigan (30), Minnesota (36), Missouri (11), Mississippi (4), Nebraska (1), New Hampshire (11), New Jersey (23), New York (20), Nevada (6), North Carolina (6), North Dakota (12), Ohio (77), Oklahoma (2), Oregon (11), Pennsylvania (15), Rhode Island (4), South Dakota (4), Tennessee (11), Texas (6), Utah (5), Vermont (4), Virginia (21), Washington (15), West Virginia (2), Wisconsin (3), and Wyoming (2). Additionally, one ill person was reported from Canada. Among persons with available information, 22 percent reported being hospitalized. Infection may have contributed to 8 deaths: Idaho (1), Minnesota (3), North Carolina (1), Ohio (1), and Virginia (2). There have already been more than 800 peanut products recalled. FDA's list of recalled products: <http://www.accessdata.fda.gov/scripts/peanutbutterrecall/index.cfm>. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**E. COLI O157, LIVESTOCK SHOW (Colorado):** 05 Feb 2009, At least 11 kids have been sickened by E. coli O157:H7 bacteria, likely transmitted during field trips to the National Western Stock Show in January 2009. There are 12 lab-confirmed cases and 8 others are pending, according to Denver Public Health. Just one of the 12 is an adult. So far, all confirmed and probable cases live in Front Range counties, from Boulder to El Paso County, Denver Public Health reports. The pattern of transmission suggests that some kids who went to the stock show with their teachers contracted the bacteria, then spread it at child-care, pre-school, or school settings. Any child with diarrhea who attended the stock show should see a doctor before returning to child-care, health officials said. And any child with bloody diarrhea, whether or not he or she attended the stock show, should see a doctor. E. coli O157:H7 infections can be very serious in young children and in the worst cases lead to kidney failure. Dr Chris Urbina, executive director of Denver Public Health, said standards of cleanliness are set for stock shows and that the National Western has always been good at complying. "Our people said that there were these hand cleansers everywhere you looked at the stock show," which ran 10 through 25 Jan 2009, Urbina said. Children are allowed to pet animals at the stock show, and the mere petting of animals whose hides are dirty is one way for the hand to pick up the bacterium. Investigators continue to talk to National Western officials and to the children to better get a sense of how the bacteria was transmitted, Urbina said. They'll ask sufferers what they ate, where they went, what animals they petted, and so forth. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

## **INTERNATIONAL DISEASE REPORTS:**

**ETHYLENE GLYCOL POISONING, TEETHING SYRUP, FATAL (Nigeria):** 07 Feb 2009, The death toll from a contaminated baby medicine sold in Nigeria has risen from 34 - recorded in early December 2008 - to 84, the health ministry has said. There have been 111 reported cases of children who have fallen ill after being given teething syrup "My Pikin." The poisonous syrup was discovered last November when babies began dying of organ failure across the country. Authorities have called on private pharmacies to turn over stocks of the paracetamol-based syrup to regulators. The Nigerian-made mixture was found to contain engine coolant. The National Agency for Food, Drug Administration and Control (Nafdac) shut down the Lagos-based manufacturer and the main supplier of the medicine last year [2008]. Nafdac has also appealed to parents to not treat their children with any type of teething syrup until it can find all the remaining stocks. The dead children are aged between 2 and 7, Health Minister Babatunde Osotimehin said. "Government will leave no stone unturned to find answers to the many questions being asked by Nigerians and also ensure that such unfortunate incidents do not occur again," he said. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**PLAGUE, FATAL (Algeria):** 05 Feb 2009, Algeria has dismissed reports that about 40 Al-Qaeda militants were killed by an outbreak of bubonic plague at a secret training camp in the country. "No case of plague of any type has been recorded in any region of Algeria since 2003," the health ministry said. Reports had suggested that an Al-Qaeda offshoot had been experimenting with the plague to create a biological weapon. (Plague is listed in Category A on the CDC list of Critical Biological Agents)

**CHOLERA (China):** 04 Feb 2009, All 47 people struck down during a cholera epidemic last month [January 2009] in Yuxi city of southwestern China's Yunnan Province have fully recovered, a provincial official said in Yuxi Monday 2 Feb. The outbreak in Tonghai, Huaning, and Jiangchuan counties on 18 Jan 2009 led to 20 confirmed cases of cholera, with 27 people also found to be carrying the cholera bacterium, Chen Juemin, director of the provincial health department, said at a press conference in Yuxi. "No deaths were reported," Chen was quoted by Wednesday's 4 Feb China Daily. Chen said all 47 patients had been among the 585 villagers who attended a funeral feast in Tonghai from 15 to 17 Jan 2009. Around 3 am on 18 Jan 2009, the 1st patient, aged 73, was admitted to a local hospital suffering diarrhea, and was followed by another 2 later that day, the director said. On the morning of 21 Jan 2009, the Yuxi center for disease control initially diagnosed Vibrio cholerae O139 type, confirming the infection the following day, Chen said. After the reported outbreak, all 585 who attended the feast, along with those who had come into immediate contact with them, were

isolated. Local police also closed infected areas, while the local health department checked the health of 8,561 villagers, the government said. Investigators found that 26 of the 585 people at the feast had traveled abroad and visited high-risk cholera areas, with one of those identified as carrying the disease having done the cooking for the feast. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**EBOLA HEMORRHAGIC FEVER (Democratic Republic of the Congo):** 02 Feb 2009, An Ebola hemorrhagic fever outbreak in the Democratic Republic of the Congo's (Congo DR) Kasai Occidental Province is now under control, according to a UN official. "The epidemic has stabilized, but we cannot say it is over. There is still a likelihood of it spreading; there are more new cases," Matthieu Kamwa, the UN World Health Organization (WHO) resident representative in the Congo DR, said, adding that there was a need for increased vigilance. According to an epidemiologist with the WHO, Adolphe Kongolo, at least 50 people have been affected, with 15 deaths reported since 29 Nov 2008, when the outbreak began. The last positive case was confirmed on 18 Jan 2009. According to Kongolo, the National Institute of Biomedical Research in Kinshasa as well as laboratories in Gabon and South Africa confirmed 10 cases of Ebola from collected samples. However, some people had died and were buried before samples could be obtained, he said. Most of the cases were in the village of Kalwamba in Kasai Occidental Province. A case alert has been reported in nearby Tshikapa. A WHO health team and other partners are yet to collect samples and conduct other medical examinations in the area. Meanwhile, awareness raising about Ebola is continuing, said provincial health inspector Edmond Mulumba, with the population being encouraged to report those with symptoms such as bleeding, fatigue, vomiting and diarrhea. "The population should continue adhering to hygiene measures, wash their hands regularly, use latrines and avoid eating bats or animals found dead in the bush because this is a source of contamination," Mulumba said. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

#### **OTHER RESOURCES AND ARTICLES OF INTEREST:**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmm.state.md.us/>

Maryland's Resident Influenza Tracking System: [www.tinyurl.com/flu-enroll](http://www.tinyurl.com/flu-enroll)

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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